

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR RESERVE PERSONNEL CENTER
HQ ARPC/SGP
6760 E Irvington Pl #7200
Denver CO 80280-7200

7 January 2004

MEMORANDUM FOR All Individual Mobilization Augmentees (IMA) and Participating Individual Ready Reservists (PIRR)/Category E Reservists

SUBJECT: Annual Requirement for Physical and Dental Examinations for Individual Mobilization Augmentees (IMA), Participating Individual Ready Reservists (PIRR)/Category E Reservists.

1. Effective 1 Oct 01, you were required to have an annual physical assessment and dental examination. **Our records indicate you will be due for either your physical and/or dental exam between the months of January – March 2004.** Also known as the Reserve Component Preventive Health Assessment, the RCPHA must be completed yearly. The RCPHA consists of a Reserve Component Health Risk Assessment (RCHRA), a SF 600 overprint tailored to gender, age and flying status, a dental examination, and an immunization record review. The RCHRA and SF 600 overprint must be completed by a military provider. The dental examination can be completed by your regular civilian dentist or by a military dentist on space available basis. The necessary forms have been enclosed with this letter. If you require additional copies, they can be downloaded from our web site at http://arpc.afrc.af.mil/sgp/forms_pubs.htm. **This letter is your authorization to obtain the required military exam(s) at an Active Duty Air Force Medical Treatment Facility.**

2. You are strongly encouraged to complete your RCPHA during your Annual Tour (AT) or Inactive Duty Training (IDT). In order to schedule your RCPHA, you must contact the Medical Treatment Facility (MTF) Force Health Management well in advance (at least 30 days prior) to schedule an appointment for a physical assessment and/or dental examination. If you encounter difficulties, ask to be connected with the facility RCPHA Project manager, or as a last resort the facility patient advocate. If you are unable to complete these during your scheduled duty periods, an AF Form 40a, Record of Individual Inactive Duty Training, may be submitted for one non-paid point upon completion of the exam(s). **New IMA members are advised to check with Program Managers on latest exam dates on file and annual requirements.**

3. If you recently completed your annual physical and dental requirements, please send HQ ARPC/SGP a copy of the documentation. The physical and dental exams are current for one year from the last day of the month in which the assessments were accomplished.

4. If you fail to complete a physical and/or dental examination, you may be placed on a “no pay-no points” status IAW AFM 36-8001 para 1.6 *Reserve Personnel Participation and Training Procedures* and AFI 48-123 *Medical Examinations and Standards*. Eligibility for pay and points may be restored upon completion and receipt of documentation by HQ ARPC/SGP of all required examinations.

5. PHYSICAL EXAMINATIONS:

A. Using local protocol, schedule your appointment(s) by contacting the Medical Treatment Facility (MTF) at your base of assignment or attachment. References for Authority to Conduct Medical Exams of IMAs are available at http://arpc.afrc.af.mil/sgp/imamed_ex.doc.

B. Contact your active duty supervisor regarding the date and time of your exam.

C. Notify HQ ARPC/SGP of the appointment(s) date(s) and location. Preferably e-mail the exam information to arpc.sgpdl@arpc.denver.af.mil or complete the form at the bottom of this letter and either fax it to

(478) 327-0081 or DSN 497-0081 or mail it to the address below. If SGP is notified at least 10 days prior to your appointment, a copy of your last physical examination will be sent to the MTF in advance for the provider's use during your assessment.

D. As stated above, the required forms have been enclosed. If necessary, you can download blank forms at http://arpc.afrc.af.mil/sgp/forms_pubs.htm. Prior to your appointment, fill out the 4-page Reserve Component Health Risk Assessment (RCHRA). Bring the RCHRA, the blank SF 600 and your Shot Record to your appointment. If you have any medical conditions, bring copies of medical records or supporting documentation with you as well.

6. **DENTAL EXAMS :** You may have your civilian dentist complete the DD Form 2813 Reserve Forces Dental Examination or you may schedule your exam at a military dental treatment facility on a space available basis.

7. Upon completion of the exam(s), the forms must be sent to HQ ARPC/SGP. Although the MTF may do so, ultimately it is your responsibility to ensure that the documentation is sent to ARPC/SGP. **The most reliable method to send medical documentation to ARPC/SGP is by scanning and sending via e-mail to arpc.sgpdl@arpc.denver.af.mil.** You may also use this e-mail address to confirm receipt. You are **strongly** encouraged to obtain and keep a copy of all completed medical documentation.

8. Helpful web sites: If you are unable to schedule your appointments at an Active Duty Air Force MTF, search www.afcrossroads.com/html/dodinstall/index.htm for the DoD facility nearest you. For additional information about Physical Standards requirements and other items of interest, our web site address is <http://arpc.afrc.af.mil/sg/index.htm>.

8. If you have questions about scheduling your appointments or are having difficulty completing the annual requirement, please contact your active duty supervisor, your Base Individual Mobilization Augmentee Administrator (for a listing, visit <http://arpc.afrc.af.mil/bimaas.htm>), or your MAJCOM Program Manager (<http://arpc.afrc.af.mil/Program%20Manager%20Listings.doc>).

To contact ARPC/SGP:

E-mail: arpc.sgpdl@arpc.denver.af.mil Fax number is 478-327-0081 (DSN 497-0081).

Address: HQ ARPC/SGP, 6760 E. Irvington Place, #7200, Denver, CO 80280.

Phone numbers: 1-800-616-3775 or DSN 926-7236/7237.


LORRIE J. CAPPELLINO, Lt Col, USAF, NC
Director, Health Services
Individual Reserve Programs

Name and SSN _____

Location, date and time of appointment(s) _____

Type of Appointment: Physical Exam Dental Exam (circle one or both)

MTF POC and phone and fax number _____

Fax or mail back to ARPC/SGP at the number or address listed above